

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF
COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing or <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (c)) required)	Attorney Docket Number	DS-001
	First Named Inventor	Muir, et al.
	COMPLETE IF KNOWN	
	PCT Application Number	PCT/AU2004/000039
	International Filing Date	January 13, 2004
	Art Unit	Unknown
	Examiner Name	Unknown

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Dispenser Device

the specification of which

☒ is attached hereto

OR

☐ was filed on MM/DD/YYYY as United States Application Number or PCT International Application Number XX/XXX,XXX and was amended on MM/DD/YYYY (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventors or plant breeders rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent inventors or plant breeders rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign filing date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
2003900130	AUSTRALIA	01/13/2003	<input type="checkbox"/>	<input type="checkbox"/>
2003904005	AUSTRALIA	08/01/2003	<input type="checkbox"/>	<input type="checkbox"/>
PCT/AU2004/000039	PCT	01/13/2004	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION -- Utility Or Design Patent ApplicationDirect all correspondence to ☒ Customer Number or Bar Code Label **038051** or ☐ Correspondence address below

Name

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:☐ A petition has been filed for this unsigned inventorGiven Name **Simon Andrew Huber**
(first and middle [if any])Family Name **Muir**
or SurnameInventor's
Signature

Date

Residence: City **Point Cook**State **Victoria**Country
AustraliaCitizenship
AustraliaMailing Address **11 Hollington Crescent**City **Point Cook**State **Victoria**ZIP **3030**Country **Australia****NAME OF SECOND INVENTOR:**☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any])Family Name
or SurnameInventor's
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

City

State

ZIP

Country

☐ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

[Page 2 of 2]

Please type a plus sign (+) inside this box ☒

PTOISB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number: **Herewith**
Filing Date: **Herewith**
First Named Inventor: **Muir, et al.**
Title: **Dispenser Device**
Group Art Unit: **Unknown**
Examiner Name: **Unknown**
Attorney Docket Number: **DS-001**

I hereby appoint:

☒ Practitioners at Customer Number **038051**

OR

☐ Practitioner named below:

Name
KIRK HAHN

Registration Number
51,763

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

OR


<input type="checkbox"/> Firm or Individual Name	Kirk Hahn				
Address	14431 Holt Avenue				
Address					
City	Santa Ana	State	California	Zip	92705
Country	United States of America				
Telephone	714-544-2934	Fax	714-544-2934		

I am the:

☒ Applicant/Inventor

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Simon Muir
Signature	
Date	11-7-05 (ELEVEN JULY 2005)

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.